

UNITED STATES DISTRICT COURT
District of IN CLERKS OFFICE

PAULA ENCARNACION

V.

2005 FEB 11 P 1:57

SUMMONS IN A CIVIL ACTION
U.S. DISTRICT COURT
DISTRICT OF MASS.

04 12021 MEL

CASE NUMBER:

UNITED STATES OF AMERICA

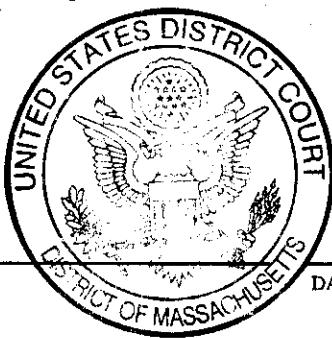
TO: (Name and address of Defendant)

Mary Anne Gibbons, General Counsel
 UNITED STATES POSTAL SERVICE
 475 L'Enfant Plaza S.W.,
 Washington, DC 20260-1100

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Andrew L. Barrett, Esquire
 McCarthy, Barrett & Norton, PC
 21 McGrath Hwy, Unit 301
 Quincy, MA 02169

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



SEP 20 2004

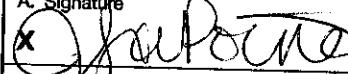
TONY ANASTAS

CLERK

DATE

(By) DEPUTY CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) M. Brown C. Date of Delivery 11/10/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Mary Anne Gibbons, General Counsel United States Postal Service 475 L'Enfant Plaza, S.W. Room 4004 Washington, DC 20260-1100</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7004 1160 0001 9014 1029</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>	
102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) John P. O'Connor C. Date of Delivery 11/10/05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: United States Attorney's Office U.S. Courthouse, Suite 9200 One Courthouse Way Boston, MA 02210</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7004 1160 0001 9014 0916</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p>	
102595-02-M-1540			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. 		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Joseph H. Larkin C. Date of Delivery</p>	